

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 575345

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25	1					
26						
27						
28						
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37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61				2		
62						
63						
64						
65			1			
66			1			
67						
68						
69						
70						
71						
72						
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74						
75						
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80						
81						
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83						
84						
85						
86						
87						
88						
89			1			
90						
91						
92						
93						
94						
95						
96						
97			1			
98			1			
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104	1					
105						
106						
107						
108						
109						
110						
111						
112		2				
113						
114						
115						
116		2				
117						
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133						
134						
135						
136						
137						
138	1					
139						
140						
141		①				
142						
143						
144						
145	1					
146						
147						
148	1					
149						
150						
TOTAL IND.	62	↓		↓		↓
TOTAL DEP.	145	←		←		←
TOTAL CLAIMS	157					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
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159						
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192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						